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CONFIRMATION NO. 1691

SERIAL NUMBER 10/821,502	FILING DATE 04/09/2004  RULE	CLASS 530	GROUP ART UNIT 1649	ATTORNEY DOCKET NO. 690068.401C5
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## APPLICANTS

Timothy W. Lovenberg, Carlsbad, CA;

Tilman Oltersdorf, Cardiff, CA;

Chen Wang Liaw, San Diego, CA; Dimitri E. Grigoriadis, Carlsbad, CA;

Derek T. Chalmers, Solana Beach, CA;

Errol B. DeSouza, Del Mar, CA;

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 09/881,401 06/13/2001 PAT 6,723,841 ✓

which is a CON of 09/227,482 01/07/1999 ABN —

which is a CON of 08/485,984 06/07/1995 ABN —

which is a CIP of 08/381,433 01/31/1995 PAT 5,786,203 —

which is a CIP of 08/259,959 06/14/1994 ABN —

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 06/15/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 18	TOTAL CLAIMS 10	INDEPENDENT CLAIMS 4
35 USC 1.19 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

## ADDRESS

00500

SEED INTELLECTUAL PROPERTY LAW GROUP PLLC

701 FIFTH AVE

SUITE 6300

SEATTLE, WA

98104-7092

## TITLE

Corticotropin-releasing factor2 receptors

<p>FILING FEE RECEIVED 1146</p>	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>	<table border="1"><tr><td><input type="checkbox"/> All Fees</td></tr><tr><td><input type="checkbox"/> 1.16 Fees ( Filing )</td></tr><tr><td><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )</td></tr><tr><td><input type="checkbox"/> 1.18 Fees ( Issue )</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees ( Filing )	<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )	<input type="checkbox"/> 1.18 Fees ( Issue )	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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